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DEPARTMENT OF STATE A/CDC/MR
REVIEWED BY _____ DATE 12/21/12
RDS☐or XDS☐EXT. DATE _____
TS AUTH. _____ REASON(S) _____
ENDORSE EXISTING MARKINGS ☐
DECLASSIFIED☐ RELEASABLE☒
RELEASE DENIED☐
PA or FOI EXEMPTIONS _____

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